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JAN 04 2005**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Gunji et al.

Art Unit: 1652

Application No.: 09/926,299

Examiner: Steadman

Filing Date: October 9, 2001

Attorney Ref. No.: US-1310

For: L-AMINO ACID PRODUCING
BACTERIUM AND METHOD FOR
PRODUCING L-AMINO ACID**VIA FACSIMILE TO: 703 872 9306****PRELIMINARY AMENDMENT**Mail Stop Non-fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to taking up this patent application for action on the merits, and further to the RCE filed December 20, 2004, please amend the application as follows.

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FAX:	703.872.9306	REF. NO:	US-1310
VOICE:		PAGES	12 (incl. this sheet)
App. No.:	09/926,299	DATE:	January 4, 2005

The undersigned hereby certifies that the following document(s) is (are) being transmitted by telefacsimile to the United States Patent and Trademark Office at the above "FAX" number, on the above DATE:

- 1) This facsimile cover sheet (1 page)
- 2) Amendment transmittal sheet (2 pages)
- 3) Preliminary Amendment (9 pages)


Shelly Guest Cermak
Registration Number 39,571

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January 4, 2005

Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA. 22313-1450

In re application of: Gunji et al.
 Application. No.: 09/926,299
 Filing Date: October 9, 2001
 Atty. Docket No. US-1310
 Title: L-AMINO ACID PRODUCING BACTERIUM AND
 METHOD FOR PRODUCING L-AMINO ACID

Sir:

Transmitted herewith is an Amendment in the above-identified application. Please find enclosed:

- ☒ Preliminary Amendment: 9 pages.
☐ Petition for Extension of time from the Office Action, mailed , months to :
 pages
☐ Information Disclosure Statement: pages.
☐ PTO-1449: pages.
☐ cited references.
☐ PTO-2038 Credit Card Payment Form (fee calculated as shown below): pages.
☐ Other:
☐ A fee is required, as calculated below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		or	LARGE ENTITY	
	<i>Claims Remaining After Amendment</i>		<i>Highest No. Previously Paid For</i>	<i>Extra</i>	<i>Rate</i>	<i>Fee</i>		<i>Rate</i>	<i>Fee</i>
Total		minus		0	x \$9 =	\$	or	x \$18 =	\$
Indep.		minus			x \$43 =	\$	or	x \$86 =	\$
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					+	\$	or	+\$290	\$
					\$145=	\$	or	=	\$
					Total	\$	or	Total	\$

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** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.
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Respectfully submitted,



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Date: 4 January 2005